2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2004
Secretary of State

DOCUMENT# P03000024298

Entity Name: SHORELINE TITLE INSURANCE OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

101 E. YELKCA TERRACE
SUITE F
EDGEWATER, FL 32132

New Principal Place of Business:

59 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

POST OFFICE BIOX 582
EDGEWATER, FL 32132

New Mailing Address:

59 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

FEI Number: 03-0515283 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, TIMOTHY
101 E. YELKCA TERRACE
SUITE F
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: OLIVER, TIMOTHY
Address: 101 E. YELKCA TERRACE, SUITE F
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY L. OLIVER PRES 10/20/2004

Electronic Signature of Signing Officer or Director — Date